



575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436
www.pacelabs.com

Laboratory Results

Results for the samples and analytes requested
The lab is not directly responsible for the integrity of the sample before
receipt at the lab and is responsible only for the certified tests

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Rob King

Federal ID : 5103704

Lab Project No. : 70120705

Received :02/05/2020 6:09

Sample Type :Drinking Water

Date Reported: 02/06/2020

Lab	Location	Collected	Units Metho Limits	E.coli	Total Coliforms	Field Residual
				N/A SM22 9223B Colilert Absent	N/A SM22 9223B Colilert Absent	mg/L 4
70120705001	HB27	2/5/2020 8:00:00 AM	Analysis Time	Absent	Absent	0.9
Routine Distribution	Suffolk Cty. Hwy. Dept. North Hwy.	Collected by: CLIENT		2/6/2020 12:58:00 PM	2/6/2020 12:58:00 PM	2/5/2020 8:00:00 AM
70120705002	HB2	2/5/2020 8:15:00 AM	Analysis Time	Absent	Absent	0.49
Routine Distribution	R. Loetscher Wakeman Rd.	Collected by: CLIENT		2/6/2020 12:58:00 PM	2/6/2020 12:58:00 PM	2/5/2020 8:15:00 AM
70120705003	HB3	2/5/2020 8:30:00 AM	Analysis Time	Absent	Absent	0.35
Routine Distribution	U.S.C.G. Foster Ave.	Collected by: CLIENT		2/6/2020 12:58:00 PM	2/6/2020 12:58:00 PM	2/5/2020 8:30:00 AM
70120705004	HB4	2/5/2020 9:00:00 AM	Analysis Time	Absent	Absent	0.57
Routine Distribution	H.B. Elem School Ponquogue Ave.	Collected by: CLIENT		2/6/2020 12:58:00 PM	2/6/2020 12:58:00 PM	2/5/2020 9:00:00 AM
70120705005	HB5	2/5/2020 8:45:00 AM	Analysis Time	Absent	Absent	0.45
Routine Distribution	H.B. High School Argonne Rd.	Collected by: CLIENT		2/6/2020 12:58:00 PM	2/6/2020 12:58:00 PM	2/5/2020 8:45:00 AM
70120705006	HB6	2/5/2020 9:15:00 AM	Analysis Time	Absent	Absent	.45
Routine Distribution	Strong Oil Montauk Hwy. East	Collected by: CLIENT		2/6/2020 12:58:00 PM	2/6/2020 12:58:00 PM	2/5/2020 9:15:00 AM

Result(s) reported meet(s) NYS Regulatory Limit(s).

Result(s) flagged with * Exceed NYS Regulatory Limit(s). Limit Noted.

Treatments

A = Air Stripper
FM = Iron/Manganese Removal
N = Nitrate Removal
G = Granular Activated
O = Other

Test results meet the requirements of NELAC
unless otherwise noted.

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without the written approval of the laboratory.

Kimberley Mack



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Sample Type :Drinking Water

Date Reported: 02/06/2020

Lab	Location	Collected	Units Metho Limits	<u>E.coli</u>	<u>Total Coliforms</u>	<u>Field Residual</u>
				N/A SM22 9223B Colilert Absent	N/A SM22 9223B Colilert Absent	mg/L 4
70120705007	HB7	2/5/2020 9:30:00 AM	Analysis Time	Absent	Absent	0.79
Routine Distribution	SO. Town Parks & Rec	Collected by: CLIENT		2/6/2020 12:58:00 PM	2/6/2020 12:58:00 PM	2/5/2020 9:30:00 AM
70120705008	HB8	2/5/2020 9:45:00 AM	Analysis Time	Absent	Absent	0.99
Routine Distribution	B. McCormack Bittersweet Ave.	Collected by: CLIENT		2/6/2020 12:58:00 PM	2/6/2020 12:58:00 PM	2/5/2020 9:45:00 AM
70120705009	HB9	2/5/2020 10:00:00	Analysis Time	Absent	Absent	0.41
Routine Distribution	SO. Town Highway Dept. Jackson Ave.	Collected by: CLIENT		2/6/2020 12:58:00 PM	2/6/2020 12:58:00 PM	2/5/2020 10:00:00 AM
70120705010	HB10	2/5/2020 10:15:00	Analysis Time	Absent	Absent	0.74
Routine Distribution	Pete's Deli Montauk Hwy. West	Collected by: CLIENT		2/6/2020 12:58:00 PM	2/6/2020 12:58:00 PM	2/5/2020 10:19:00 AM
70120705011	HB11	2/5/2020 10:30:00	Analysis Time	Absent	Absent	0.59
Routine Distribution	Riverhead Building Supply Montauk Hwy. West	Collected by: CLIENT		2/6/2020 12:58:00 PM	2/6/2020 12:58:00 PM	2/5/2020 10:30:00 AM

Result(s) reported meet(s) NYS Regulatory Limit(s).

Result(s) flagged with * Exceed NYS Regulatory Limit(s). Limit Noted.

Treatments

A = Air Stripper
FM = Iron/Manganese Removal
N = Nitrate Removal
G = Granular Activated
O = Other

Test results meet the requirements of NELAC
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WorkOrder :

70120705

Laboratory Certifications

Pace Analytical Services Long Island

575 Broad Hollow Rd, Melville, NY 11747

New York Certification #: 10478 Primary Accrediting Body

New Jersey Certification #: NY158

Pennsylvania Certification #: 68-00350

Connecticut Certification #: PH-0435

Maryland Certification #: 208

Rhode Island Certification #: LAO00340

Massachusetts Certification #: M-NY026

New Hampshire Certification #: 2987

WO# : 70120705



70120705

Client Info:

Name or Code: HAMPTON BAYS WATER DISTRICT
 Address: P.O. BOX 1013
HAMPTON BAYS, NEW YORK 11946
 Phone #: (631) 728-0179
 Attn: _____
 Proj. # or (Name): _____
 Bill To: _____
 Copies To: _____

**Sample Request Form
PUBLIC WATER SUPPLIER**

Date: 2-5-20

Collected By: G. VALENTINO

Accepted By: [Signature] 2/5/20 14:01

Cooler Temp: 2.6 °C

☐ WELL OFF LINE

☐ WELL RUN TO SYSTEM

☐ YES ☐ NO VOC'S PRESERVED WITH HCl

Sample Types

PW - Potable Water
 GW - Groundwater
 SW - Surface Water
 WW - Waste Water
 AQ - Aqueous
 S - Soil

Purpose

RO - Routine
 RE - Resample
 S - Special

Origin

D - Distribution
 RW - Raw Well
 TW - Treated Well
 T - Tank
 MW - Monitoring Well
 I - Influent
 E - Effluent

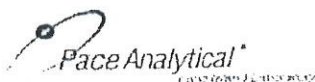
Treatment Types

AST - Air Stripper
 GAC - Granular Activated Charcoal
 N - Nitrate Removal Plant
 FE - Iron Removal Plant
 O - Other

Sample Info:

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl ₂ pH/Temp	Analysis	Lab No.
2-5-20 800	PW	#27	D	-	RO	.90 7.29	Bact w/c	
2-5-20 815	PW	#2	D	-	RO	.49 7.31	Bact w/c	
2-5-20 830	PW	#3	D	-	RO	.35 7.47	Bact w/c	
2-5-20 900	PW	#4	D	-	RO	.57 7.32	Bact w/c	
2-5-20 845	PW	#5	D	-	RO	.45 7.42	Bact w/c	
2-5-20 915	PW	#6	D	-	RO	.45 7.39	Bact w/c	
2-5-20 930	PW	#7	D	-	RO	.75 7.27	Bact w/c	
2-5-20 945	PW	#8	D	-	RO	.55 7.33	Bact w/c	
2-5-20 1000	PW	#9	D	-	RO	.41 7.26	Bact w/c	
2-5-20 1015	PW	#10	D	-	RO	.74 7.37	Bact w/c	
2-5-20 1030	PW	#11	D	-	RO	.59 7.29	Bact w/c	

Remarks:



Sample Condition Upon Receipt

Client Name:

HBW

Pro

WO#: 70120705

PM: KMM Due Date: 03/06/20

CLIENT: HBW

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☐ Client ☐ Commercial ☒ Pace ☐ Other

Tracking #:

Custody Seal on Cooler/Box Present: ☐ Yes ☒ No Seals intact: ☐ Yes ☒ NoTemperature Blank Present: ☐ Yes ☐ NoPacking Material: ☐ Bubble Wrap ☐ Bubble Bags ☐ Ziploc ☒ None ☐ OtherType of Ice: ☒ Wet ☐ Blue ☐ None

Thermometer Used: T1091

Correction Factor: +0.2

☒ Samples on ice, cooling process has begun

Cooler Temperature (°C): 2.4

Cooler Temperature Corrected (°C): 2.6

Date/Time 5035A kits placed in freezer

Temp should be above freezing to 6.0°C

USDA Regulated Soil (☒ N/A, water sample)

Date and Initials of person examining contents: J. 2/5/20 1805

Did samples originate in a quarantine zone within the United States: AL, AR, CA, FL, GA, ID, LA, MS, NC, NM, NY, OK, OR, SC, TN, TX, or VA (check map)? ☐ YES ☒ NODid samples originate from a foreign source (internationally, including Hawaii and Puerto Rico)? ☐ Yes ☒ No

If Yes to either question, fill out a Regulated Soil Checklist (F-LI-C-010) and include with SCUR/COC paperwork.

				COMMENTS:
Chain of Custody Present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		1.
Chain of Custody Filled Out:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		2.
Chain of Custody Relinquished:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		3.
Sampler Name & Signature on COC:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		5.
Short Hold Time Analysis (<72hr):	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		6.
Rush Turn Around Time Requested:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		7.
Sufficient Volume: (Triple volume provided for MS/MSD):	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		8.
Correct Containers Used:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		9.
-Pace Containers Used:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Containers Intact:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		10.
Filtered volume received for Dissolved tests	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved container.
Sample Labels match COC:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		12.
-Includes date/time/ID/Analysis Matrix SL <input checked="" type="checkbox"/> WT <input type="checkbox"/> OIL				
All containers needing preservation have been checked	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	13. <input type="checkbox"/> HNO ₃ <input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> NaOH <input type="checkbox"/> HCl
pH paper Lot #				Sample #
All containers needing preservation are found to be in compliance with EPA recommendation? (HNO ₃ , H ₂ SO ₄ , HCl, NaOH>9 Sulfide, NaOH>12 Cyanide)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water). Per Method, VOA pH is checked after analysis				Initial when completed: Lot # of added preservative: Date/Time preservative added
Samples checked for dechlorination:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	14.
KI starch test strips Lot #				Positive for Res. Chlorine? Y N
Residual chlorine strips Lot #				
Headspace in VQA Vials (>6mm):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	15.
Trip Blank Present:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	16.
Trip Blank Custody Seals Present	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if applicable):				

Client Notification/ Resolution:

Field Data Required?

Y / N

Person Contacted:

Date/Time:

Comments/ Resolution: